

# Smith & Smith REALTY

## Request to Modify "On Call Broker Services - Surplus Properties" Agreement

Date: May 16, 2011

Sumter County Board of County Commissioners  
7375 Powell Road, Suite 200  
Wildwood, FL 34785

### RECITALS

WHEREAS, on the 14<sup>th</sup> day of December, 2010, The Sumter County Board of County Commissioners of 7375 Powell Road, Suite 200 Wildwood, Florida (County) and Exit Vision Realty of 206 North Main Street, Wildwood, Florida (Independent Contractor) entered into an (Contract) for On Call Real Estate Broker Services - Surplus County Properties in accordance with Section 2-183, Sumter County Code , and;

WHEREAS, Independent Contractor's corporate name is Smith & Smith Realty Inc., and Doing Business As "Exit Vision Realty"; and;

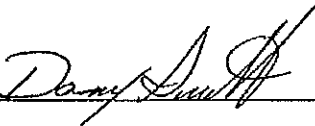
WHEREAS, as of May 24, 2011 Smith & Smith Realty will no longer be associated with the Exit Real Estate Franchise. And Smith & Smith Realty Inc. DBA "Exit Vision Realty" will be known as Smith & Smith Realty Inc. of 206 North Main Street, Wildwood, Florida

NOW THEREFORE, Independent Contractor request that County and Independent Contractor Modify the Contract to reflect that Smith & Smith Realty Inc. of 206 North Main Street, Wildwood, Florida will be the name used for the "On Call Broker" (Independent Contractor)

Please note supporting documents on the following pages and thanks for your consideration.

Smith & Smith Realty Inc. .  
206 N Main St.  
Wildwood, FL 34785

Danny Smith, ALC, CCIM:  
Vice President



Date: May 16, 2011

AC# 5570236

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
DIVISION OF REAL ESTATE

SEQ# 111040105101

DATE	BATCH NUMBER	LICENSE NBR
04/01/2011	107062853	CQ1025972

The CORPORATION  
Named below HAS REGISTERED  
Under the provisions of Chapter 475, FS.  
Expiration date: MAR 31, 2013

SMITH & SMITH REALTY INC  
EXIT VISION REALTY  
206 N MAIN STREET  
WILDWOOD FL 34785

RECK SCOTT  
GOVERNOR

CHARLEE LIEM  
SECRETARY

DISPLAY AS REQUIRED BY LAW

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
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### Fictitious Name Detail

#### Fictitious Name

EXIT VISION REALTY

#### Filing Information

Registration Number	G06055700055
Status	ACTIVE
Filed Date	02/24/2006
Expiration Date	12/31/2011
Current Owners	1
County	SUMTER
Total Pages	1
Events Filed	NONE
FEI/EIN Number	NONE

#### Mailing Address

P.O. BOX 82  
OXFORD, FL 34484

#### Owner Information

SMITH & SMITH REALTY, INC.  
P.O. BOX 82  
OXFORD, FL 34484  
FEI/EIN Number: APPL  
Document Number: P06000013834

#### Document Images

<a href="#">02/24/2006 -- REGISTRATION</a>	<a href="#">View image in PDF format</a>
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Note: This is not official record. See documents if question or conflict.

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State of Florida, Department of State

1010  
5-12-11  
mailed to State  
to change/remove  
DBA

State of Florida  
Department of Business and Professional Regulation  
Florida Real Estate Commission  
Real Estate Company Transactions  
Form # DBPR RE 12

Check the box for the relevant transaction in Section I and complete the applicable additional section(s) only. Leave the sections that are not relevant to your desired transaction blank. If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

For instructions and additional information, see Section VIII, page 5 of this application.

**Section I - Transaction Types**

- ☐ Designate Qualifying Broker (Complete Section II) [9008]  
☒ Add/Change/Remove Trade Name (D/B/A) (Complete Section III) [9006]  
☐ Add/Terminate Sales Associate(s) or Broker Sales Associate(s) (Complete Section IV as needed) [9007]  
☐ Company Address Change (Complete Section V) [9006]  
    ☐ Change Physical Address   ☐ Change Mailing Address  
☐ Company Address Change with Issuance of Updated License - Fee \$25.00  
    ☐ Change Physical Address   ☐ Change Mailing Address (Complete Sections V and VII) [8001]  
☐ Company Name Change - Fee \$25.00 (Complete Section VI) [8001]  
☐ Request Duplicate License - Fee \$25.00 (Complete Section VII) [8001]

- ☒ Corporation/Professional Association/LLC [2502]  
☐ Partnership [2503]

**Section II - Designate Qualifying Broker**

Last/Surname (new qualifying broker)	First	Middle	Suffix
Broker License # (new qualifying broker):			
Name of real estate company new broker will qualify:			
License # of real estate company new broker will qualify:			
Signature of new qualifying broker:			

**Section III - Add/Change/Remove Trade Name (D/B/A)**

Last/Surname (Qualifying Broker)	First	Middle	Suffix
Smith Billie Faye			
Broker License # (if sole proprietor):			
License # of real estate company (if not sole proprietor):			
CQ1025972			
Adding, changing, or removing trade name?			
<input type="checkbox"/> Adding			
<input type="checkbox"/> Changing			
<input checked="" type="checkbox"/> Removing			
Existing Trade name (D/B/A) being changed or removed (if changing or removing):			
EXIT Vision Realty			
New trade name (D/B/A) (if adding or changing):			
Signature of qualifying broker:			
Billie Faye Smith			

DBPR RE 12

II

Real Estate Company Transactions

Eff. date: 11/17/2009

Required by Rules: 61J2-1.011; 61J2-2.031; 61J2-4.009; 61J2-4.010; 61J2-5.018;  
61J2-5.019; 61J2-5.20; 61J2-9.007; 61J2-10.034; 61J2-10.038  
Incorporated by Rule: 61-35.02721

# Section VII - Request Duplicate License

COMPANY INFORMATION	
Company License Number	C91025972
Company name	Smith & Smith Realty Inc
By signing below - I hereby certify that I need a replacement license issued by the Department of Business and Professional Regulation because (check one): my current license was <input type="checkbox"/> lost <input type="checkbox"/> destroyed, or based on <input checked="" type="checkbox"/> name change or <input type="checkbox"/> address change, and that my request for a duplicate license is for a legitimate business purpose.	
Signature of Qualifying Broker	Bileen Faye Smith 5-12-11
	Date

**APPLICATION CHECKLIST - IMPORTANT** - Submit all items on the checklist below with your application to ensure faster processing.

TRANSACTION	APPLICATION REQUIREMENTS
Designate Qualifying Broker	<input type="checkbox"/> Complete this application.
Add/Change/Remove Trade Name (D/B/A)	<input checked="" type="checkbox"/> Complete this application.
Add/Terminate Sales Associate(s) or Broker Sales Associate(s)	<input type="checkbox"/> Complete this application.
Company Address Change	<input type="checkbox"/> Complete this application.
Company Address Change with Issuance of Updated License	<input type="checkbox"/> Complete this application. <input type="checkbox"/> Submit the \$25 fee. Make check payable to DBPR.
Company Name Change	<input type="checkbox"/> Complete this application. <input type="checkbox"/> Submit the \$25 fee. Make check payable to DBPR.
Request Duplicate License	<input type="checkbox"/> Complete this application. <input type="checkbox"/> Submit the \$25 fee. Make check payable to DBPR.

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-0783

DBPR RE 12

II

Real Estate Company Transactions

Eff. date: 11/17/2009

Required by Rules: 61J2-1.011; 61J2-2.031; 61J2-4.009; 61J2-4.010; 61J2-5.018;  
61J2-5.019; 61J2-5.20; 61J2-9.007; 61J2-10.034; 61J2-10.038  
Incorporated by Rule: 61-35.02721

The Camden Fire Insurance Association  
 One Beacon Lane  
 Canton, MA 02021  
 (hereinafter referred to as the "Underwriter")



POLICY NUMBER: RPL-01666-10

# DECLARATIONS


## Real Estate Professionals Errors & Omissions Policy

THIS POLICY IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS. TO BE COVERED, A CLAIM OR SUIT MUST BE FIRST MADE OR BROUGHT AND REPORTED TO THE UNDERWRITER DURING THE POLICY PERIOD, OR SIXTY (60) DAYS THEREAFTER, OR DURING AN EXTENDED REPORTING PERIOD IF APPLICABLE. PLEASE READ THIS POLICY CAREFULLY.

<b>ITEM 1. Named Insured and Mailing Address:</b> Smith & Smith Realty dba Exit Vision Realty 206 N Main St Wildwood, FL 34785		<b>ITEM 2. Policy Period:</b> <b>From:</b> November 18, 2010 <b>To:</b> November 18, 2011  Both dates at 12:01 a.m. at the Named Insured's Address in Item 1.	
<b>ITEM 3. Limits of Liability:</b> \$1,000,000 Each Claim \$1,000,000 Aggregate \$250,000 Fair Housing Discrimination		<b>ITEM 4. Deductible:</b> \$2,500 Each Claim N/A Aggregate	
<b>ITEM 5. Retroactive Date: November 18, 2008</b>			
<b>ITEM 6. Premium: \$740</b> <input checked="" type="checkbox"/> <b>Gross Premium:</b> The Underwriter will pay a percentage of the premium shown above as brokerage commission. The Underwriter does not pay contingent or deferred commissions. Consult your broker for information concerning commission.  <input type="checkbox"/> <b>Net Premium:</b> The premium shown above is net, and the Underwriter will pay no brokerage commission of any kind thereon.			
<b>ITEM 7. Extended Reporting Period Options:</b>			
\$740	12 Months	\$1,295	24 Months
\$1,480	36 Months	\$1,850	Unlimited

The Policy form and endorsements attached at issuance are listed in NPE-10001-10-08, Policy Forms List.

These Declarations, the completed signed application, and the Policy (together with all endorsements thereto) constitute the entire agreement between the Underwriter and the Insured(s).

The Camden Fire Insurance Association	
By:	
Its Authorized Representative	November 17, 2010
	Date



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: TA

DATE (MM/DD/YYYY)

11/30/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Most Ins Agency - Tampa Palms 16005 W Tampa Palms Blvd Tampa, FL 33647 Teresa Adkins	813-979-4854 813-655-0516	CONTACT NAME: PHONE (AG No. Ext): FAX (AG No.): ADDRESS: PRODUCER CUSTOMER ID #: SMITH-2	INSURER(S) AFFORDING COVERAGE INSURER A: Nationwide INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 11111
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## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	ADDL BUBB	INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X	77BO 823983 3001	08/02/10	08/02/11	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/PROP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in FL)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
CERTIFICATE HOLDER IS ALSO LISTED AS ADDITIONAL INSURED WITH REGARDS TO GENERAL LIABILITY PER ENDORSEMENT CG 2010. A WAIVER OF SUBROGATION IS INCLUDED ON THE GENERAL LIABILITY POLICY IN FAVOR OF THE CERTIFICATE HOLDER.

CERTIFICATE HOLDER	CANCELLATION
SUMTERC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Sumter County Board of County Commissioners 7375 Powell Road Wildwood, FL 34785	AUTHORIZED REPRESENTATIVE 

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ACORD 25 (2009/09)

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS**  
**– SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<u>Name Of Additional Insured Person(s) Or Organization(s):</u>	<u>Location(s) Of Covered Operations</u>
SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS	
<u>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</u>	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured, for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or

2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply is added:

— 2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

(4) 1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site/location of the covered operations has been completed; or

(2) 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



**Most Insurance Agency**

801 N Armenia Ave

Tampa, FL 33609

Phone: 813-979-4854 Fax: 813-655-0516

**MEMO**

Page 1

ACCOUNT NO.

OF

DATE

SMITH-2

TA

01/09/2011

**POLICY INFORMATION**

POLICY #

UBS84M8541

TYPE

WC-S

EFFECTIVE

EXPIRATION

12/20/2010 12/20/2011

Smith &amp; Smith Realty Inc

DBA Exit Vision Realty

206 N Main Street

Wildwood, FL 34785

Re: WCNEW

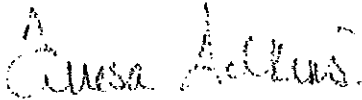
Enclosed is your new Workers Compensation policy. The estimated annual premium of \$402 has been calculated by using estimated payroll of \$54,600.

Your policy coverage includes the following limits:

Bodily Injury by Accident	\$100,000 each accident
Bodily Injury by Disease	\$500,000 policy limit
Bodily Injury by Disease	\$100,000 each employee

I just realized there is a typo on the policy where your address is; it indicates Mail Streen, instead of Main Street. I apologize; I will make sure it gets corrected.

Thank you,



Teresa Adkins